

DIVISION OF TAXATION—CITY OF BEDFORD, OHIO
MUNICIPAL NET PROFIT RETURN

NOT A FEDERAL RETURN

FOR THE CALENDAR YEAR, OR THE FISCAL YEAR BEGINNING _____, ENDING _____ (File within 4 months after ending).

NOTE 1. FEDERAL RETURN AND APPLICABLE SCHEDULES MUST BE ATTACHED.

NOTE 2. OVERPAYMENT CLAIMS WILL RECEIVE CREDIT ONLY ON RETURNS FULLY COMPLETED. HOWEVER, SEE NOTE 1 ABOVE.

HAS YOUR FEDERAL TAX LIABILITY FOR ANY PRIOR YEAR BEEN CHANGED IN THE YEAR COVERED BY THIS RETURN AS A RESULT OF AN EXAMINATION BY THE INTERNAL REVENUE SERVICE? ☐ YES ☐ NO

IF YES, HAS AN AMENDED MUNICIPAL RETURN BEEN FILED FOR SUCH YEAR OR YEARS? ☐ YES ☐ NO

PRINCIPAL BUSINESS ACTIVITY: _____

FEDERAL I.D. NUMBER

NAME

TRADE NAME

LOCAL ADDRESS

CITY AND ZIP CODE

TELEPHONE
NUMBER

ARE YOU A BUSINESS ENTITY IN BEDFORD?

☐ YES ☐ NO

IF YOU MOVED —PLEASE ANSWER

MOVED INTO BEDFORD ON _____

FROM _____

MOVED FROM BEDFORD ON _____

TO _____

MAILING ADDRESS

IF DIFFERENT

IF NAME OR ADDRESS IS INCORRECT, MAKE NECESSARY CHANGES.

PHONES: (440) 232-1600
(888) 232-1600

FILE RETURNS TO: CITY OF BEDFORD—DIVISION OF TAXATION
P.O. BOX 75595
CLEVELAND, OH 44101-4755

SEE INSTRUCTIONS
ON BACK OF RETURN

CREDITS	1. TOTAL TAXABLE INCOME (Per Copy Federal Form 1120, 1120S, 1065, 1041, Schedule C, or Schedule E attached)..... (1)	\$ _____
	2. A. ITEMS NOT DEDUCTIBLE (From Line G, Schedule X Below)..... ADD (2A)\$ _____	
	B. ITEMS NOT TAXABLE (From Line R, Schedule X Below).....DEDUCT (2B)\$ _____	
	C. ENTER EXCESS OF LINE 2A or 2B (2C)	\$ _____
INCOME	3. A. ADJUSTED NET INCOME (Line 1 plus or minus Line 2C) IF SCHEDULE X IS USED..... (3A)	\$ _____
	B. AMOUNT ALLOCABLE TO BEDFORD IF SCHEDULE Y, PAGE 2 IS USED ____% of Line 3A..... (3B)	\$ _____
	C. LESS ALLOCABLE NET LOSS PER PREVIOUS MUNICIPAL INCOME TAX RETURNS (submit schedule)..... (3C)	\$ _____
	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3A or 3B less Line 3C)..... (4)	\$ _____
	5. MUNICIPAL TAX DUE _____ % of Line 4..... (5)	\$ _____
	6. A. PAYMENTS ON DECLARATION OF ESTIMATED MUNICIPAL TAX ON NET PROFITS (Payments as of _____) (6A)	\$ _____
	B. AMOUNT OF PREVIOUS YEAR CREDITS (6B)	\$ _____
	C. TOTAL CREDITS ALLOWABLE (6C)	\$ _____
	7. A. BALANCE DUE (Line 5 less Line 6C) REMITTANCE PAYABLE TO CITY OF BEDFORD MUST ACCOMPANY THIS FORM (7A)	\$ _____
	B. OVERPAYMENT CLAIMED (if Line 6C exceeds Line 5 enter difference here.) And check desired block <input type="checkbox"/> REFUND <input type="checkbox"/> CREDIT (7B)	\$ _____
8. ESTIMATED TAX		
	A. ESTIMATED TAX LIABILITY FOR NEXT TAX YEAR (8A)	\$ _____
	B. QUARTERLY ESTIMATED TAX DUE 1/4 OF 8A LESS CREDIT FROM 7B..... (8B)	\$ _____
9. TOTAL DUE CITY OF BEDFORD (Add Lines 7A and 8B..... (9)	\$ _____	

(Make Check or money order payable to **City of Bedford**)

SCHEDULE X

Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE

A. CAPITAL LOSSES (Excluding ordinary losses)	\$ _____
B. EXPENSES APPLICABLE TO NON-TAXABLE INCOME.....	\$ _____
C. TAXES BASED ON INCOME	\$ _____
D. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN	\$ _____
E. PAYMENTS TO PARTNERS	\$ _____
F. OTHER EXPENSES NOT DEDUCTIBLE (Explain)	\$ _____
.....	\$ _____
G. TOTAL ADDITIONS (Enter as Line 2A Above)	\$ _____

ITEMS NOT TAXABLE

N. CAPITAL GAINS (Excluding ordinary gains - see instructions)	\$ _____
O. INTEREST INCOME	\$ _____
P. DIVIDENDS	\$ _____
Q. OTHER (Explain) SEE INSTRUCTIONS.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
R. TOTAL DEDUCTIONS (Enter as Line 2B Above).....	\$ _____

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

Signature of Officer or Partner

(Date)

Signature of Person or Firm Preparing the Return

(Date)

Title

Address (and Zip Code) Preparer's Phone Number

PLEASE SIGN AND RETURN ORIGINAL COPY WITH YOUR PAYMENT. KEEP DUPLICATE FOR YOUR RECORDS.